

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Remirez	CHAPTER 89
Address: 67-237 Kanalu Street, Waialua, Hawaii 96791	Inspection Date: March 24, 2021

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA